



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 20, 2010

Ms. Suzanne Anair, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156

Dear Ms. Anair:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on August 3, 2010. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2010
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CHESTER RD SPRINGFIELD, VT 05156
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/3/10.	F 000		RECEIVED Division of AUG 20 10 Licensing and Protection
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide services in accordance with professional standards for 1 applicable resident in the sample. (Resident #1) Findings include: 1. Per interview and record review, the facility failed to obtain a laboratory test, ordered by the Physician Assistant (PA), in a timely manner consistent with professional standards for Resident #1. Per Nurses' Notes and Physician Order sheet on 6/11/10, the PA examined Resident #1 on 6/11/10 at 1300 and ordered a urine specimen for urinalysis (UA) and a urine culture and sensitivity (C & S) to rule out a urinary tract infection (UTI) as a cause of the resident's increasing signs of confusion. Per a Laboratory Report dated 6/17/10, the specimen was collected from the resident on 6/16/10 at 1146 and received in the laboratory at 1244. Per the Laboratory Report, the urine test was positive for infection on 6/17/10 and per Physician Order Sheet and Medication Administration Record (MAR), treatment for a UTI was started on 6/17/10. The Director of Nursing Service (DNS) in interview on 8/3/10 at 3:15 PM, confirmed the	F 281	Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. Resident #1 is currently infection free. Any resident who exhibits signs or symptoms of a possible urinary infection has the potential to be affected by this alleged deficient practice. An audit of all residents' with a current or suspected urinary tract infections has been completed. The systems in place have been reviewed and revised. All residents' in need of a urinalysis will be placed on the 24 hour report, a lab slip will be completed and written notice of the needed urinalysis will be placed on the units daily calendar. The shift supervisor/charge nurse shall be responsible for all lab collection. If nursing is unable to obtain the urinalysis the attending or on call physician shall be notified and any new orders executed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 08/18/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	Continued From page 1 time sequence above, stated that the expected time frame between the PA order for the urine specimen and the completion of the order should not have been greater than 48 hours, and confirmed that a time frame greater than 48 hours was not consistent with professional standards.		F 281	Licensed nurses will be re educated regarding the system to be followed. All orders for urinalysis will be reviewed at concurrent review. Random audits of the orders and follow up as per policy shall be completed two (2) times weekly by the DNS and/or designee x sixty (60) days. Results of the audit will be reported to the CQI committee monthly. Compliance date is 9-3-10. <i>F281 POC Accepted 8/20/10 PmcdurIN</i>	